



# wellnews



Volume 20 Number 3

The newsletter of  
Wellness on Wellington

Spring 2018

General practice is endlessly fascinating. Not only do we get to deal with patients and their families at the most dramatic, exciting, critical or joyous moments of their lives, but we get to see those families grow and evolve over time. There is the opportunity to develop special interests within the broad field of medicine. And we have the opportunity to look at the big picture of health care by getting involved in research and teaching.

This edition of wellnews covers several of those areas. We comment on a major research study in which we took part, mention new services available at the clinic and congratulate the doctors in the clinic for the teaching that they do. We also compare the fitness of today's teenagers with their parents from thirty and forty years ago—who do you think does better?

As always we have some comings and goings in our staff. Whilst it's always disappointing to see good doctors leave us, temporarily or permanently, we take great pride that those who leave do so for personal reasons, not professional ones, and that so many of them eventually come back home.

## Doing our part

There's lots of medical research out there, and truth be told a lot of it isn't of particularly high quality. Not everything that can be measured is worth knowing, and not everything that is worth knowing can be measured.

So, although we are frequently approached by universities and research houses to assist with their investigations we usually decline. However about five years ago we were very impressed by the purpose and methodology of a study called the ASPREE trial.

ASPREE stands for ASpirin in Reducing Events in the Elderly, and was a joint Australian-USA trial looking at over 16,000 pa-

tients over the age of 70, to see if giving low-dose aspirin made a difference to heart attack, stroke, death rate or other complications.

Most importantly, these were healthy volunteers—not people with major problems. The idea was to see if aspirin keeps people that way.

***It was worthwhile for our patients and the community at large to take part.***

the study, the duration of followup (on average 4.5 years) and the low cost of aspirin to the community if the study showed a positive finding, convinced us

This is a critically important question, particularly as the population is ageing, and the size of

that it was worthwhile for our patients and the community at large to take part.

In mid-September, the first three research papers out of the ASPREE trial were published, and they showed that aspirin makes no difference to the healthy elderly population. Whilst it's disappointing to hear that news, we are very proud that this was well conducted research and answers an important question.

Critically important to understand is that the findings only apply to healthy, elderly patients. Those who take aspirin because they have already had a heart attack or stroke or are at significantly increased risk (for example, patients with diabetes) should continue to take their aspirin tablets and discuss their situation with their doctor.

More research findings from ASPREE will be published in the coming months. We look forward to reading those results.

**Wellness on Wellington  
1101 Wellington Rd, Rowville  
9780 8900 - all hours, every day.  
www.wellonwell.com.au**

**We are open every day of the year:**

Monday - Friday	8.00 am - 9.00 pm
Saturday - Sunday	9.00 am - 5.00 pm
Public Holidays	9.00 am - 1.00 pm
(Christmas & New Year Day)	10.00 am - 12.00 noon

**For patients of this practice with urgent problems after hours, a doctor from the clinic can be contacted by calling the surgery and following the instructions on the answering machine.**

**Save a life—**

**your own or your family's!**

Update your home phone, work phone, mobile phone and address at reception!

**Please also update the contact details for your Emergency Contact.**

## Baby talk

The most intensive period of speech and language development occurs in the first three years of life. While there is considerable variability in this development, there are a number of milestones that provide a general guide as to what is typically expected.

During their first year babies begin to explore sounds. At first they communicate by crying, cooing, smiling and making eye contact and by 6 months have added the blowing of raspberries, laughing and pointing. Lip sounds (like m and b) emerge from 6 months in increasingly complex sequences. From 9 months more sounds are added such as d,m,w,t and h. Around 12 months, the first words emerge.

**By one year of age children will turn when you call their name. By about three years of age children use 200 or more words**

time and understand words for common items and people and respond to simple words and phrases such as "come here".

Between the ages of 1 and 3 years, children add new sounds and many words. By 19 months most children are using about 50 words which is sufficient for them to shortly thereafter begin putting two words together. By about three years of age children use 200 or more words and can combine these into three word phrases. There are still many sounds that children cannot say correctly but they should be understood by family and friends.

By two, children can point to a few body parts, follow simple instructions (e.g. roll the ball), respond to simple where and who questions and point to pictures in a book. By three, children are understanding two part instructions and understand new words quickly.

If you are concerned with your child's communication speak to your GP or contact our speech pathologist Deidre Atwell directly on 0414580998 for advice or to organize an appointment.

By one year of age children will look in the direction of sounds and at items you point to, turn when you call their name, listen to songs and stories for a short

## Teens today and yesterday

Every generation knows that they are smarter than their parents were and wiser than their children are. At least that's how it has always seemed.

But objectively we know that the generations are getting taller, heavier and reaching puberty earlier. Whether that is a function of better nutrition, chemicals or hormones in our diet or other causes remains the subject of great debate in the medical world.

One question which hasn't been adequately answered till now is whether teens today are more or less fit than their parents' generation.

The Dunedin study is a long-term cohort study where over 1000 people born in Dunedin, New Zealand in 1972-73 have been carefully examined every two to six years

since the age of three. The patients are flown back to Dunedin from wherever in the world they may be living just to continue the study and unusually for a study of this type, the drop out rate has been less than 5%.

The study has now expanded to include assessing the teenage children of the original participants. This has enabled direct comparison between the parents' generation and the children using the exact same tests and reduces genetic variability between the two groups.

The results, published in the New Zealand Medical Journal show that at age 15 both boys and girls are less fit than their parents though the loss has been greater for girls.

Fitness can be measured in several ways and the study looked at maximum oxygen usage during exercise as the best test. However because the use of oxygen depends on weight, and both boys and girls were heavier than their parents, the oxygen use figure was adjusted for weight. This showed that boys were 15% less fit than their parents at age 15, and girls a massive 25% less fit.

The reason for the loss of fitness isn't yet clear but it seems obvious that teens need to do more exercise if they want to win that argument with their parents.



## Freshen up

We are delighted to offer another service at Wellness on Wellington as part of our mission to provide a full range of health care services.

Practicing under the name Dr Fresh, Dr Niki Talic and Ed Talic are now offering cosmetic services at Wellness on Wellington.

Niki Talic trained as a trauma and emergency medicine specialist and works at a leading trauma centre in Melbourne.

She also has a keen interest in Medical Aesthetics and believes in the Art of Science, and has an excellent eye for facial symmetry. She is experienced in anti-wrinkle treatment and dermal fillers and has completed training in foundation and advanced techniques.

She enjoys using these treatments to revolumise and rejuvenate the face, after a medical consultation that is

unique to your needs.

Ed Talic is a clinical nurse specialist, with extensive experience in Anaesthetics, post-acute care and preoperative care. He enjoys using anti-wrinkle treatments in conjunction with a personalised treatment plan to give the patient the best possible result to suit their individual needs.



Over time skin loses collagen and elasticity. Repeated contraction of our muscles can leave fine lines on our faces, giving a more tired and aged appearance.

Anti-wrinkle treatments and

dermal fillers provide a

Face Lift" with real time results that are safe and effective.

Anti-wrinkle treatments can be used to help the following areas - smile lines, forehead and frown lines, bunny lines, chin dimpling and chemical brow lifting. They can also be used to treat those who suffer from tooth grinding.

Dermal filler treatments can be used to provide volume and support to the muscles and surrounding structures, which can diminish with age. They can also be used for beautification by providing definition and contouring. Commonly treated areas include cheeks, lips and the jaw line.

Please see the reception team at Wellness on Wellington for further details or contact Dr Fresh directly by phone on 0474737374

Email: [drfreshclinic@gmail.com](mailto:drfreshclinic@gmail.com)

Instagram: @drfreshclinic

web: [drfresh.com.au](http://drfresh.com.au)

## From the Medical Press

The Australian Institute of Health and Welfare research paper “Cancer in Australia” shows that residents of Rowville are both less likely to get cancer, and less likely to die from it if they get it.

See <https://www.aihw.gov.au/getmedia/3da1f3c2-30f0-4475-8aed-1f19f8e16d48/20066-cancer-2017.pdf>

Lots of people who think they are allergic to penicillin, actually aren't. It doesn't mean you can take it without risk, but in most cases the danger is probably less than you imagined.

See <https://www.bmj.com/content/361/bmj.k2400>

Sleep apnoea increases your risk of getting gout (which in turn can lead to many other conditions).

See <https://onlinelibrary.wiley.com/doi/abs/10.1002/art.40662>

Golf is so good for you that government policy should encourage more people to play. (We don't care whether the research is good or not—we just like the conclusion!)

See <https://bjsm.bmj.com/content/early/2018/08/20/bjsports-2018-099509>

## So many colours of the rainbow

Since the time of Hippocrates in the 5th century BCE, medical students were taught and physicians practiced the now lost art of stool gazing. Examining the colour and form of stools was regarded as a valuable insight into the health of the bowel, the whole gastrointestinal system, and indeed of the patient's overall health.

Today it is more common for patients to examine their own stools and rather than bring in a sample they often just take a few photos and show those to us. In most cases that is adequate for our purposes, though sometimes we do need to collect a sample of stool for further testing.

Most stools are brown, though the exact shade varies enormously from person to person and depends on content of diet, speed of digestion and function of liver and gall bladder. In general terms the longer the stool stays in the bowel, the darker the colour, and the harder the stool. Eating a high fibre diet (along with adequate water intake) will generally result in a softer and lighter brown or tan coloured stool.

Black stools need to be distinguished from dark brown. The latter doesn't really matter, but the former is a serious matter. Truly black stools are called melaena and these are typically tarry, sticky stools. The cause is bleeding in the stomach. The acid in stomach and bacteria in the gut then turn the blood, and therefore the stool, black. Most people associate

bleeding with redness but melaena is at least as serious and needs prompt assessment and investigation.

One other cause of black stools is iron tablets.

Red stools can be as simple as some bleeding from haemorrhoids or a fissure or as nasty as bowel cancer. Obviously this will need careful evaluation. Red stools can also be caused by food dyes and by eating lots of beetroot.

Green stools are common in newborns but in adults can also be caused by mucus and that needs to be further investigated.

Pale stools—yellow or even white—can be a sign of liver or gall bladder disease and indicate that the bile duct is blocked stopping the bile entering the bowel and digesting the food.

This may need surgery as bile blockage can cause serious liver problems. Green stools can also be caused by food dyes (even blue ones like Gatorade) and by consuming large amounts of spinach and other leafy green vegetables.

Purple stools are really unusual. It could be the result of food dyes (or perhaps eating crayons in a child) but a rare, serious condition is called porphyria. This is a genetic condition but needs to be triggered, often by various medications.

The rainbow of stool colours do tell us a lot about your health and we encourage you to at least glance at the wonders your bowel has produced before flushing away the information forever.

## Five hundred and counting!

We achieved a milestone at the clinic in September when we performed our 500th vasectomy at the surgery. We sometimes joke that there aren't any men left in Rowville or Lysterfield who still need surgery—and it is true that we are often referred patients by their friends or by GPs from a much wider catchment area—but vasectomy is still underutilised by those couples who have completed their families.

Vasectomy—tying off the tubes that leads the sperm out of the testicles—is a safe, quick and reasonably painless procedure which is the most effective form of contraception or sterilisation available.

We perform the procedure under sedation so most patients experience minimal discomfort and most don't remember anything about the procedure afterwards.

In order to perform a vasectomy we will first take a very thorough history and examination to ensure you are suitable for the procedure, and that it is the right operation for you. We ask men to bring their spouse to this initial appointment (but not to bring children) which lasts 30-40 minutes.

We are often asked whether the preliminary consultation is

necessary when men have already made up their mind that they want the procedure (and may have researched it on Google or elsewhere) and why the partner needs to come along.

The reason is that over the decades that we have been doing this operation and performing this pre-operative assessment, about one-third of the time we find that vasectomy is not the best choice for that family. In fact, one of the things we are

most proud of, is that we will treat every family according to their individual needs. Unlike a vasectomy clinic that only does this operation and therefore won't discuss other choices, or a gynaecologist who never does this procedure, we are able to offer the full range of options including vasectomy,

long acting contraceptives like Mirena, copper IUDs and Implanons; a range of contraceptive pills and other options. Through referral to our gynaecologist we can also arrange for a tubal ligation if that is most appropriate.

“To a man with a hammer, everything looks like a nail”, and whilst we would never use a hammer, we can choose the right tools for the job in helping you manage your family size.

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**Unlike some clinics, we are able to offer the full range of options to manage your family size**

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# Wellness Whispers

## COMINGS AND GOINGS

With the change of seasons comes our change of registrars and we have unfortunately had to farewell **Dr Jennifer Bui** and **Dr Peter Yee** who have completed their terms with us. The exciting news is that Peter will be returning to the clinic next year as a permanent member of staff.

Our two new registrars have already been with us a couple of months and have made themselves very welcome members of staff.

**Dr Rifath Syeda** graduated from Monash University in 2015. "Following in the footsteps of my Mum, I started General Practice training in 2018 because I hope to help and empower people to live their best and full lives.

I am passionate about all aspects of General Practice, particularly Women's Health (including Implanon insertion), mindfulness and cancer survivorship.

On weekends, I drag my husband to local markets and events (he does enjoy them, he just likes to complain!) and spending time with my family and friends."

**Dr Isaac Baker** is (unusually for us) in the last stages of his training and has already completed all of his Fellowship examinations. He will be with us until at least the middle of next year. Isaac grew up just outside of Geelong and moved to Melbourne to study medicine at Monash University. He spent several years working for Monash Health in a variety of medical and surgical specialties, and in emergency departments, before joining the GP training program. He enjoys the variety of General Practice, however he is most interested in geriatric medicine and Men's health.

We are also overjoyed that **Dr Kris Coniglio** has restarted consulting at the clinic. Kris had to take a prolonged period of leave due to her son Eli's medical condition. There is a information flyer at the reception desk if you want more information. But we are delighted that Eli has improved and that Kris has rejoined us. She is initially consulting just on Monday mornings with the hope to gradually increase her hours.

However family reasons have also meant that **Dr Sara Tarafi** has had to leave us for now. We hope that this is only a temporary state of affairs and hope to see her return soon. We wish Sara all the best in the meantime.

We also have a new receptionist, **Paula Linaker**, who has been working in healthcare administration

for about 8 years, both in a private hospital and with a specialist. She immigrated from the UK 12 years ago finally settling locally with her husband, three children, two huskies and foster cats.

## NEW SERVICES

As mentioned elsewhere in the newsletter, we have been joined by several new allied health and medical service providers including **Dr Niki** and **Ed Talic** who will be providing cosmetic services, and speech pathologist **Deidre Atwell**.

We also have a new massage therapist joining us. Angelique Stark completed her diploma at the Southern School of Natural Therapies, training in deep tissue massage, lymphatic drainage, and myofascial release. She has an interest in oncology massage for cancer patients and pregnancy massage as well as remedial, sports and relaxation massage.

Angelique is a mother of one and enjoys getting outdoors regularly for hiking and camping. She also enjoys regular delicious health food, fitness, weight lifting and stretching.

## MORE RECOGNITION

The word doctor actually means teacher and apart from teaching patients about their illnesses and how to maximise their health, it is incumbent on the profession to train future generations.

Apart from teaching medical students at Monash university, we also have an enviable reputation for vocational training. Our registrars are a central pillar of the clinic and in fact 15 of our 19 doctors started work at the clinic as registrars and have either stayed on or subsequently returned to the clinic. Our reputation is such that every year we get between thirty and fifty applications for the four (and sometimes only two) registrar jobs at WoW.

This year, we were delighted and humbled to learn that not just one but two of our supervisors were nominated for Supervisor of the Year at the EVGPT awards. **Dr Les Segal** was nominated for his dedicated, enthusiastic and insightful teaching while **Dr David Ringelblum** (who won the award in 2008) was nominated for the third time.

It's also inspiring to see that our former registrars are now moving into the role of training others. **Dr Kirrily Ellerton** has been a supervisor for some time and **Dr Kateena Vogel** was recently awarded supervisor status. We look forward to training many future generations of excellent GPs to care for you, your family and the Rowville community.

The information in this newsletter is general in nature and cannot be relied upon in any particular case. Serious conditions may appear minor and vice-versa. We therefore advise that if you have any concern about your health, you should consult your doctor at the earliest opportunity.